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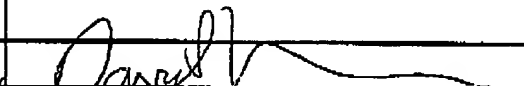
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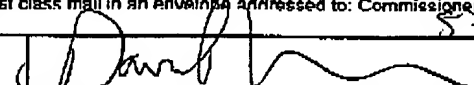
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/880,630
	Filing Date	June 13, 2001
	First Named Inventor	David Leason
	Art Unit	2686
	Examiner Name	Randy PEACHES
	Attorney Docket Number	03607/100J483-US1
Total Number of Pages In This Submission		2

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	David Leason	
Date	April 21, 2006	Reg. No. 36,195

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Typed or printed name	David Leason	Date April 21, 2006

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PTO/SB/02 (01-06)

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Application Number	09/880,630
Filing Date	June 13, 2001
First Named Inventor	David Leason
Art Unit	2688
Examiner Name	Randy PEACHES
Attorney Docket Number	09607/100J483-UE1

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

38810

☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

David Leason

Date

April 21, 2006

Telephone

212-527-7602

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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